

CERTIFICATE OF MAILING

hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**

on 11-27-06.

Mary Meegan
Mary Meegan

In Re Application of:

Kim, et al.

Serial No.: **09/766,473**

Filed: **January 19, 2001**

Group Art Unit: **2142**

Examiner: **Le, Hieu C.**

Docket No. **050906-1050**

For: **System and Method for Managing Server Configurations**

The following is a list of documents enclosed:

Return Postcard
Fee Transmittal
RCE
Petition to Accept an Unintentionally Delayed Claim
Terminal Disclaimer
Response to Final Office Action
Credit Card Authorization in the Amount of \$2,410.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

Effective on 12/08/2004
Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

NOV 30 2006

Complete if Known

Application Number **09/766,473**
Filing Date **1-19-01**
First Named Inventor **Kim**
Examiner Name **Le, Hieu**
Art Unit **2142**
Attorney Docket No. **050906-1050**

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$2,410.00)**

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: **20-0778** Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.**
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | Fee (\$) | Filing Fees | | Search Fees | | Examination Fees | | Fees Paid (\$) |
|------------------|----------|----------------------|----------|----------------------|----------|----------------------|----------|----------------|
| | | Small Entity Fee(\$) | Fee (\$) | Small Entity Fee(\$) | Fee (\$) | Small Entity Fee(\$) | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | 430 |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | | |

2. EXCESSIVE CLAIM FEES

| Fee Description | | Small Entity Fee(\$) | |
|--|---------------|----------------------|---------------|
| Each claim over 20 (including Reissues) | | 50 | 25 |
| Each independent claim over 3 (including Reissues) | | 200 | 100 |
| Multiple dependent claims | | 360 | 180 |
| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| 23 | -20 or HP = 3 | 150.00 | 150.00 |
| HP = highest number of total claims paid for, if great than 20 | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
| 4 | -3 or HP = 0 | | |
| HP = highest number of total claims paid for, if great than 3 | | | |

3. APPLICATION SIZE FEE

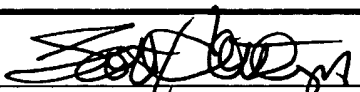
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| -100 = | /50= | (round up to a whole number) x | = | |

4. OTHER FEE(S)

| | Fee Paid (\$) |
|---|---------------|
| Non-English Specification, \$130 fee (no small entity discount) | |
| Other: RCE | 790.00 |
| Petition to Accept an Unintentionally Delayed Claim | 1,340.00 |
| Terminal Disclaimer | 130.00 |

SUBMITTED BY

| | | | |
|--------------------|---|--------------------------------|---|
| Signature |  | Registration No. 34,183 | Telephone Number 770-933-9500 |
| Name: (Print/Type) | Scott A. Horstemeyer | Date: | 11/27/06 |